

**PAPERWORK REDUCTION ACT  
COLLECTION DISCONTINUATION FORM**

**Agency/Subagency**

ED/OPEPD

**OMB Control Number**

1 8 7 5 - 0 2 2 4

**Title of Collection:**

National Evaluation of the Voluntary Public School Choice Program

**Current Expiration Date**

10 / 09  
month / year

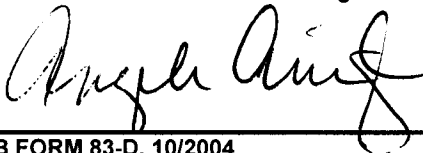
**Requested Expiration Date  
to Discontinue Collection**

10 / 09  
month / year

**Reason for Discontinuation:**

One-time study; study has ended.

**Signature of Senior Official or Designee:**



**Date:**

8-20-09

**For OIRA Use**